APR 0 8 2004





## **Patent Technology Center 1700**

## **Facsimile Transmission**

To:

Name:

Company:

Fax Number:

7038729306

Voice Phone:

From:

Fax Notes:

Name:

Official Fax Number:

(703) 872-9310

Official After Final Fax Number:

(703) 872-9311

Voice Phone:

37 C.F.R. 1.6 sets forth the types of correspondence that can be communicated to the Patent and Trademark Office via facsimile transmissions. Applicants are advised to use the certificate of facsimile transmission procedures when submitting a reply to a non-final or final Office action by facsimile (37 CFR 1.8(a)).

	-		
		,	
		·	

Date and time of transmission: Thursday, April 08, 2004 12:37:16 PM

Number of pages including this cover sheet: 11

## AMENDMENT TRANSMITTAL FORM

Ιn	re application	of;	David (	3. L. Holt
U.	S. Serial No.:	10	/069,321	[816201]

Filed: July 22, 2002

CRYSTAL FORMATION INHIBITION IN LUBRICATING COMPOSITIONS

Before the Examiner Ellen M. McAvoy

Confirmation Number: 7817 Group Art Unit: 1764

Family Number: P1999S004



Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

CERTIFICATION				

I hereby certify that this paper is being facsimile transmitted to the Commissioner for Patents facsimile number 1-703-872-9310 on the date shown below.

Type or print name of person signing certification

Transmittal herewith is an amendment/response in the above-identified application.

Petition for extension of time pursuant to 37 CFR 1.136 and 1.137 is hereby made, if and to the extent, required. The fee for this to extend the time for filing this response until extension of time is calculated to be \$\_

The fee for any changes in number of claims has been calculated as shown below.

		<	CLAIMS AS AMENDED			
(1) (2) Claims Remaining		(3)	(3) (4) Highest Number		(6)	(7)
ŀ	After Amendmen		Previously Paid For	Extra	Rate	
Total Claims	* 52	Minus	** 52	0	x 18.00	0
Indep. Claims	* a	Minus	" a	0	x 86.00	0
MULTIPLE DEPENDENT CLAIM FEE \$290.00					0	
1-1 D / W /			F	EE FOR CLAIN	A CHANGES	0

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Higher Number Praviously Paid For" IN THIS SPACE is loss than 20, write "20" in this space. \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The total fee for this RESPONSE TO OFFICE ACTION AND TERMINAL DISCLAIMER, including claim changes and any extension of time is calculated to be \$ 110.50

X Charge \$110.00 to Deposit Account No. 05-1330.

X The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required by this paper, or credit any overpayment, to Deposit Account No. 05-1330. A duplicate copy of this Form is enclosed.

DATE OF SIGNATURE

Post Office Address: [to which correspondence is to be sent] ExxonMobil Research and Engineering Company

P. O. Box 900

Annandale, New Jersey 08801-0900

M. Meni

ATTORNEY OR AGENT OF RECORD

MARK D. MARIN

Registration No. 50,842

X Pursuant to 37 CFR 1.34(a)

Facsimile Number: (908) 730-3649

4/8/2004

PATENT TRADEMARK OFFICE

MDM:kak